

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
Official Use Only

**AMENDMENT**

**CG**

**COVER PAGE**  
*A Public Document*

Rec'd 5/13/10

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Solorio	Jose	Juan		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

California State Assembly

Division, Board, District, if applicable:

69th Assembly District

Your Position:

State Assemblymember

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B ☐ Yes – schedule attached  
*Real Property*

Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☐ Yes – schedule attached  
*Income – Gifts*

Schedule E ☒ Yes – schedule attached  
*Income – Travel Payments*

**-or-**

☐ No reportable interests on any schedule

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

**-or-**

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

**-or-**

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 05/12/2010  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed statement with your filing official.)

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**



- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

► NAME OF SOURCE  
California Independent Voter Project

ADDRESS (Business Address Acceptable)  
2350 Kerner Blvd., Suite 250

CITY AND STATE  
San Rafael, CA 94901

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE(S): 11 / 15 / 09 - 11 / 19 / 09 AMT: \$ 646.39  
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Airfare to Hawaii for Business & Leadership Conference -- I gave speeches on multiple panels at the conference.

► NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

CITY AND STATE  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: \_\_\_\_\_

► NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

CITY AND STATE  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: \_\_\_\_\_

**Verification**

Print Name Jose Solorio

Office, Agency or Court Assemblymember, District 69

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving  
☐ \_\_\_\_ Annual ☐ Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 5/12/10  
(month, day, year)

Signature

Comments: Amendment clarifies that gift of travel was in connection with speeches given during conference panel presentations. Pursuant to Gov't Code sections 89503 and 89506, gift limits do not apply.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

RECEIVED  
Date Received  
Official Use Only

APR 5 2010

Please type or print in ink.

2010 APR -6 PM 4:02 Public Document

BY

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Solorio	Jose	Juan	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE
			ZIP CODE
			OPTIONAL: E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

California State Assembly

Division, Board, District, if applicable:

69th Assembly District

Your Position:

State Assemblymember

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes -- schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes -- schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B ☐ Yes -- schedule attached  
*Real Property*

Schedule C ☐ Yes -- schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☒ Yes -- schedule attached  
*Income -- Gifts*

Schedule E ☐ Yes -- schedule attached  
*Income -- Travel Payments*

-OR-

☐ No reportable interests on any schedule

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 05, 2010

Signature \_\_\_\_\_  
(File the originally signed statement with your filing official.)

# SCHEDULE D Income – Gifts

EB

► NAME OF SOURCE  
Various Healthcare/Life Sciences Entities\*

ADDRESS (Business Address Acceptable)  
\*(13 sponsors, each paid approx. \$16.68 per person)

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Healthcare and Life Sciences

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 28 / 09</u>	<u>\$ 216.88</u>	<u>Reception/dinner</u>
<u>    /    /    </u>	<u>\$      </u>	<u>                    </u>
<u>    /    /    </u>	<u>\$      </u>	<u>                    </u>

► NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$      </u>	<u>                    </u>
<u>    /    /    </u>	<u>\$      </u>	<u>                    </u>
<u>    /    /    </u>	<u>\$      </u>	<u>                    </u>

► NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$      </u>	<u>                    </u>
<u>    /    /    </u>	<u>\$      </u>	<u>                    </u>
<u>    /    /    </u>	<u>\$      </u>	<u>                    </u>

► NAME OF SOURCE  
Various Healthcare/Life Sciences Entities\*

ADDRESS (Business Address Acceptable)  
\*(14 sponsors, each paid approx. \$10.29 per person)

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Healthcare and Life Sciences

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 24 / 09</u>	<u>\$ 132.27</u>	<u>Calif Life Sciences</u>
<u>    /    /    </u>	<u>\$      </u>	<u>Day Event</u>
<u>    /    /    </u>	<u>\$      </u>	<u>                    </u>

► NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$      </u>	<u>                    </u>
<u>    /    /    </u>	<u>\$      </u>	<u>                    </u>
<u>    /    /    </u>	<u>\$      </u>	<u>                    </u>

## Verification

Print Name Assemblymember Jose Solorio

Office, Agency or Court Assembly District 69

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving  
☐ Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 5, 2010  
(month, day/year)

Signature [Redacted Signature]

Comments: Information regarding cost of these events was received from organizer after March 1 filing deadline.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
Official Use Only

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION

**COVER PAGE**

**EB**

MAR 18 2010

2010 MAR 18 PM 3:55 Public Document

Please type or print in ink.

BY: [REDACTED]

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Solorio	Jose	Juan	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE OPTIONAL: E-MAIL ADDRESS
[REDACTED]			

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

California State Assembly

Division, Board, District, if applicable:

69th Assembly District

Your Position:

State Assemblymember

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached  
Income - Gifts

Schedule E ☒ Yes - schedule attached  
Income - Travel Payments

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 17, 2010  
(month, day, year)

Signature [REDACTED]  
(File the originally signed statement with your filing official.)

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION

2010 MAR 18 PM 3:59

**SCHEDULE E**  
**Income - Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**EB**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**


- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

► NAME OF SOURCE  
CAIVP (California Independent Voter Project)  
ADDRESS (Business Address Acceptable)  
2350 Kerner Blvd., Suite 250  
CITY AND STATE  
San Rafael, CA 94901  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non Profit  
DATE(S): 11 / 15 / 09 - 11 / 19 / 09 AMT: \$ 646.39  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income  
DESCRIPTION: Airfare for CAIVP conference.

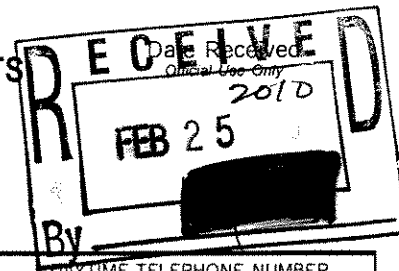
► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION: \_\_\_\_\_

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION: \_\_\_\_\_

**Verification**

Print Name \_\_\_\_\_  
Office, Agency or Court California State Assembly  
Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving  
☐ \_\_\_\_\_ Annual ☐ Candidate  
(yr)  
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.  
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
Date Signed March 17, 2010  
(month, day, year)  
Signature 

Comments: \_\_\_\_\_



Please type or print in ink.

**EB**

10 FEB 25 PM 3:36  
A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Solorio	Jose	Juan	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
[REDACTED]			OPTIONAL: E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

California State Assembly

Division, Board, District, if applicable:

69th Assembly District

Your Position:

State Assembly member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 5

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes – schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached  
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached  
Real Property

Schedule C ☐ Yes – schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached  
Income – Gifts

Schedule E ☐ Yes – schedule attached  
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/25/2010  
(month/day/year)

Signature [REDACTED]  
(File the originally signed statement with your filing official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

► NAME OF BUSINESS ENTITY  
Netflix

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Movie Rental

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
 ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
 ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
 ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
 ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
 ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
 ACQUIRED      DISPOSED

Comments: \_\_\_\_\_



# SCHEDULE D Income - Gifts

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Jose Solorio

► NAME OF SOURCE

California Democratic Party

ADDRESS (Business Address Acceptable)

1401 21st Street., Suite 4050, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 08 / 09	\$ 73.27	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Tribal Business Alliance

ADDRESS (Business Address Acceptable)

1530 J Street., Suite 250, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 14 / 09	\$ 88.77	Reception
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Orange County Automobile Dealers Association

ADDRESS (Business Address Acceptable)

125 Baker St East., Suite 262, Costa Mesa, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 09	\$ 85.13	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Karen Bass for Assembly

ADDRESS (Business Address Acceptable)

777 S. Figueroa St., Suite 4050, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 08 / 09	\$ 72.51	Jacket
01 / 08 / 09	\$ 11.95	Breakfast*
09 / 15 / 09	\$ 43.57	D.C. Breakfast

► NAME OF SOURCE

Wine Institute

ADDRESS (Business Address Acceptable)

425 Market St., Suite 1000, San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 09 / 09	\$ 59.11	Reception
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Forestry Association

ADDRESS (Business Address Acceptable)

1215 K St., Suite 1830, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 25 / 09	\$ 117.77	Dinner
/ /	\$	
/ /	\$	

Comments: \* Breakfast listed under 01/08/09 is to be reported as January 8th and 9th.

# SCHEDULE D Income - Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Jose Solorio

► NAME OF SOURCE  
California Grocers Association  
ADDRESS (Business Address Acceptable)  
1415 L St., Suite 410, Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 31 / 09</u>	<u>\$ 56.81</u>	<u>Reception</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
California State Employees Association  
ADDRESS (Business Address Acceptable)  
1108 O St., Suite 400, Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 28 / 09</u>	<u>\$ 141.23</u>	<u>Reception</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
California Chamber of Commerce  
ADDRESS (Business Address Acceptable)  
1215 K Street., Suite 1400, Sacramento, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 10 / 29</u>	<u>\$ 94.59</u>	<u>Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
California Building Association  
ADDRESS (Business Address Acceptable)  
1215 K Street., Suite 1200, Sacramento, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 15 / 09</u>	<u>\$ 93.75</u>	<u>Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
California Travel and Tourism Commission  
ADDRESS (Business Address Acceptable)  
980 9th St., Suite 480, Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 28 / 09</u>	<u>\$ 50.00</u>	<u>Reception</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
The Walt Disney Company  
ADDRESS (Business Address Acceptable)  
500 S. Buena Vista St, Burbank, CA 91521  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 11 / 09</u>	<u>\$ 256.00</u>	<u>park passes</u>
<u>04 / 01 / 09</u>	<u>\$ 12.62</u>	<u>movie screening</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Jose Solorio

► NAME OF SOURCE  
Life Technologies  
ADDRESS (Business Address Acceptable)  
400 Capitol Mall, Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 17 / 09	\$ 85.22	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
Yum Brands/ KFC  
ADDRESS (Business Address Acceptable)  
1441 Gardiner Lane, Louisville KY, 40213  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 10 / 09	\$ 278.31	food donation
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
  
ADDRESS (Business Address Acceptable)  
  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
John Wayne Airport  
ADDRESS (Business Address Acceptable)  
3160 Airport Ave, Costa Mesa, CA 92626  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 31 / 09	\$ 420.00	parking
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
  
ADDRESS (Business Address Acceptable)  
  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE  
  
ADDRESS (Business Address Acceptable)  
  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_